

## TRAVEL EXPENSE CLAIM

See Instructions and "Privacy  
Statement On Reverse SidePage 1 of     

STD 262 (REV 6/93) (DHS Electronic)

CLAIMANT'S NAME

John C. Duncan

SSAN OR EMPLOYEE NUMBER

DEPARTMENT

Industrial Relations

POSITION

CB/D NUMBER

DIVISION OR BUREAU

INDEX NUMBER

Director's Office

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

455 Golden Gate Avenue, 10th Fl.

STATE  
CA

CITY

San Francisco,

STATE  
CAZIP CODE  
94102

(1) MONTH/YEAR		(3)	(4)	(5) MEALS		(6)	(7) TRANSPORTATION				(8)	(9)	
(2) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T., L.T., N/C, RELO. OR DINNER	INCIDENTALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS PARKING	(D) PRIVATE CAR USE MILES AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
9	2009												
2	0700 1900	Tiburon to Sacramento; return							PC P	20.00			
									T	4.00	184	101.20	125.20
10	1600 1900	San Francisco							PC P	11.00			11.00
14	0700 1900	Tiburon to Sacramento; return							PC P	12.00			
									T	4.00	184	101.20	117.20
16	0600 1800	Tiburon to Oakland Airport, to Burbank; return							PC P	22.00			
									T	4.00	70	38.50	64.50
23	0700 1900	Tiburon to Sacramento; return							PC P	12.00			
									T	4.00	184	101.20	117.20
29	0700 1900	Tiburon to Sacramento; return							PC P	12.00			
									T	4.00	184	101.20	117.20
(10) SUBTOTALS										109.00	806	443.30	552.30
COLUMN CODE (ACCTG USE ONLY)													
CLAIM TOTAL											806		\$552.30

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

9/2: Meetings in Sacramento; worked from Sacramento DIR office

9/10: SCIF Board of Directors meeting

9/14: Meetings in Sacramento; worked from Sacramento DIR office

9/16: Presentation &amp; site visit to L.A. DWC/EAMS office. Met with district representatives

9/23: Meetings in Sacramento; worked from Sacramento DIR Office

9/29: Meetings in Sacramento;

worked from Sacramento DIR office

CALSTARS CODING

FY INDEX OBJ AG PCA #REF! PROJ-WP

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

\$0.550

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NO.

(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OFFICER APPROVING TRAVEL &amp; PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See item 17 in instructions)

DATE